

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #17 (Conducted Virtually)

April 1st, 2022, 4:00 PM ET

Attendees:

AMH TAG Members	Organization
Hazen Weber	AmeriHealth Caritas North Carolina, Inc.
Carla Slack	Blue Cross and Blue Shield of North Carolina
Matthew Lastrina	Carolina Complete Health, Inc.
Atha C. Gurganus	UnitedHealthcare of North Carolina, Inc.
Keith Coldwell	WellCare of North Carolina, Inc.
Gregory Adams Anna Boone	Community Care Physician Network (CCPN)
Mary Schilder	Duke University Health System
Alexander Lindsay	Emtiro Health
Cynthia Reese	Mission Health Partners
Shaun McDonald	UNC Health System
Gregory Adams	Blue Ridge Pediatrics/CCPN
NC DHHS Staff and Speaker	Title
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Paul Detmar	Program Manager
Advisors	Title
Vik Gupta	Medicaid Transformation Project Executive, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome and Roll Call
- Data Survey Results
 - Overview and Review of Priority Rankings
 - Focused Discussion on High-Priority Data Topics
 - Beneficiary Assignment
 - Patient Risk List
- Tracking CIN-AMH Relationships
- Public Comments
- Next Steps

Data and Survey Results

Key Takeaways

- Data Subcommittee Members have provided feedback for seven data issues with respect to their (1) impact, (2) urgency for resolution, and (3) potential solutions.
 1. PHP & AMH Data Transmission
 2. Tracking CIN-AMH Relationships
 3. Beneficiary Assignment
 4. Patient Risk List
 5. Care Needs Screening
 6. Claims Files
 7. Quality Measures
- Through the survey results it was identified that Beneficiary Assignment, Patient Risk List, and Claims file rank the highest in terms of having the highest impact. Beneficiary Assignment and Patient Risk List are also ranked highest in terms of immediate urgency.

Focused Discussion on High-Priority Data Topics: Beneficiary Assignment

Key Takeaways

- The Beneficiary Assignment file is a foundational interface for all data flowing from PHPs to AMH/CINs. The Department is currently tracking data issues through the Tech Ops process. Where all entities can work together towards a resolution.

Open forum to discuss questions/concerns

- **Concern:** AMHs are the only entity that has access to NC Tracks. Because of this PHPs and CINs are reliant on AMHs to share accurate information. If AMHs are sending incorrect information this has impact to PHPs and CINs systems as they don't have an easier way such as access to NC Tracks to validate this information.
Concern: Inconsistency among PHPs. For example, one PHP may flag a group NPI as an issue while other PHPs do not. Inconsistency with file transmission times. Mission Health does not have access to NC Tracks to validate NPIs.
Concern: CINs expect data for Providers that are not coming to PHPs through the PEF.
Response(s):
 - Department is working on developing a detailed approach and timeline to identify the issues and their root causes and will be reviewing that during the next AMH TAG Data Subcommittee meeting.

- NC Tracks is the source of truth for Medicaid Provider data. PHPs and CINs not having access to the source of truth (NC Tracks) seems to be the underlying reason for several issues they are experiencing. PHPs do receive the Provider enrollment file from NC Tracks, they are encouraged to use that to validate any data they are receiving from the CINs as part of their rosters and share feedback with them so they can work with their AMH partners and appropriately update their roster. As a long-term solution, the Department is working on developing a solution to establish a source of truth for managing CIN-AMH relationships.

Focused Discussion on High-Priority Data Topics: Patient Risk List

Key Takeaways

- The Patient Risk List File is a bi-directional interface. It allows PHPs to communicate their risk stratification with AMHs/CINs and in return AMHs/CINs can share their member's care management interactions, care plans, etc.

Open forum to discuss questions/concerns

- **Concern:** CINs indicated a much higher number of incidences of high-risk members flagged by PHPs compared to their own risk stratification.
Response: The Department recommends PHPs use the free text field to add in supporting reasoning behind risk stratification.
- **Concern:** PHPs use different risk stratification methodologies. From a CIN perspective, this results in variability among stratification outcomes.
Response: The Department is discussing ways to address variability among PHPs with regards to proportions of high, medium, and low risk members. One thought is to standardize the free form text field to be a standardized dropdown list of stratification reasons. Another thought is to provide guidance on what percentage of the members belong in what stratification level (X% is high, Y% is medium, Z% is low).
- **Concern:** Information being sent to PHPs does not meet the requirements defined in the Data Specification guidance. Some of the smaller CINs do not have automated processes which leads to data quality issues (missing double quotes, incorrect timestamps, etc.).
- **Response:** Department is working on developing a detailed approach and timeline to identify the issues and their root causes and will be reviewing that during the next AMH TAG Data Subcommittee meeting.

Tracking CIN-AMH Relationships

Key Takeaways

- The lack of standardization in tracking relationships between CINs and AMHs is the underlying issues behind a lot of the data quality issues seen with the Beneficiary Assignment File and Patient Risk List File.
- **Issue:** There is no standardized CIN identifier to facilitate tracking issues in an automated fashion
Resolution: Standardized CIN identifier and single source of truth to identify CIN-AMH Relationships. Potential approach:
 1. **Registration:** All CINs will be required to register with the Department

2. **CIN & Provider Affiliation Management:**
 - a. Approved CINs will notify the Department of their existing affiliations with Providers currently enrolled at AMH and Tailored CM Medicaid Providers
 - b. Rejected CINs will be informed to reapply and complete registration
 - c. Active CINs will be required to keep their Provider affiliations up to date with the Department. The Department will establish Service Level Agreements (SLAs) for them to report changes.
3. **Member Assignment:** Active CINs will receive a monthly panel report with members assigned to their affiliated Providers at the start of the month. This not a replacement for the Beneficiary Assignment File.
4. **Provider AMH Portal:** Provider AMH Portal will be updated to allow only Providers attesting for AMH Tier 3 status to choose registered CINs. Freeform names will not be allowed.

Wrap-Up and Next Steps

Subcommittee members will review material in advance of the next Subcommittee meeting.

DHHS will post this meetings presentation and summary on the DHHS website.

DHHS will develop and share materials in advance of the next Subcommittee meeting.

Future AMH TAG Data Subcommittee meetings will occur on the second Friday of every month from 3:00PM – 4:30PM. The next meeting will be held **June 10th, 2022, from 3:00Pm – 4:30PM.**

Please submit questions and comments on topics and/or logistics to Jahaziel Zavaleta (jahaziel.zavaleta@dhhs.nc.).

The meeting adjourned at 5:00PM.

Thank you.